



TOWN OF WESTFORD
BOARD OF HEALTH
TOWN HALL
55 Main Street
WESTFORD, MA 01886
(978) 692-5509 FAX (978) 399-2558



REQUEST FOR LOT TESTING

() TESTING FOR A NEW LOT (Minimum 4 Soil Evaluations / 2 Percolation Tests) \$ **250.00**

() REPAIR/UPGRADE EXISTING (Minimum 2 Soil Evaluations / 1 Percolation Test) \$ **125.00**

NOTE: EACH PROPOSED SITE FOR A SUBSURFACE SEWAGE DISPOSAL SYSTEM REQUIRES 2 TYPES OF TESTING WHICH MUST BE WITNESSED BY THE WESTFORD BOARD OF HEALTH.

- A. Deep hole soil evaluation: Two (2) test holes are required per each proposed primary leach field area and two (2) test holes for each reserve area to determine soil classification(s), depth of soils and/or refusal elevation (if any) and to record any evidence of seasonal high groundwater levels (either actual water levels or Estimated Seasonal High Water Table as assumed by mottling);
- B. Percolation test(s): One (1) percolation test to determine soil classification and permeability.

LOCATION: Map and Parcel # _____ Subdivision Lot # _____
Street Address _____ Lot Size _____
Is it in a Zone I, Zone II or IWPA? _____
Any wetlands on lot, if so, how far from proposed testing location? _____
Have the wetlands been professionally delineated? By whom? _____
Will machinery be required to travel within 100' of wetlands? How close? _____
Has the lot ever been tested? () Yes () No
If yes, when and by whom? _____

DIRECTIONS TO PROPERTY: _____

() New Residential # Bedrooms per Assessors Records _____
() New Business # Employees _____ S.F. Floor Space _____
() New Industrial Describe _____
() Other _____ If Restaurant # Seats _____

Owners Name: _____ Telephone # _____

Address: _____

Name of Engineering firm that will perform testing: _____

Name of Soil Evaluator: _____ Telephone # _____

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS AUTHORIZED AGENT.

SIGNATURE OF OWNER AND/OR AGENT

DATE

*THIS APPLICATION MUST BE ACCOMPANIED WITH A PLAN OF THE LOT SHOWING
PROPOSED TESTING AND ACCESS LOCATIONS*

NOTE: SOIL EVALUATOR MUST CALL BOARD OF HEALTH OFFICE FOR TESTING DATE AFTER 2 COPIES OF THIS APPLICATION AND ASSOCIATED PLOT PLAN ARE RECEIVED IN THE BOARD OF HEALTH OFFICE. A PLAN SHOWING ACTUAL TEST LOCATIONS MUST BE SUBMITTED WITHIN 30 DAYS FROM THE DATE THE TESTING OCCURS